

Case Number:	CM14-0158219		
Date Assigned:	10/01/2014	Date of Injury:	11/03/2013
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 38 year-old male with date of injury 11/03/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/12/2014, lists subjective complaints as pain in the cervical, thoracic, and lumbar spine. Objective findings: Cervical spine: tenderness to palpation of the paravertebral muscles and trapezius. Range of motion was decreased in all planes. Increased pain with extension. Negative Spurling, Adson, and Wright maneuver. Thoracic spine: tenderness to palpation of the paravertebral muscles with limited range of motion. Decreased sensation in the bilateral upper extremities, most notably in the C7 distribution. Lumbar spine: tenderness to palpation of the paravertebral muscles, with limited range of motion and increased pain with lumbar flexion and extension. Straight leg raising and rectus femorus stretch did not demonstrate any nerve irritability. Diagnosis: 1. Cervical, thoracic, and lumbar strain/sprain 2. Cervical radiculopathy 3. Lumbar radiculopathy 4. Lumbar disc protrusion at L5-S1. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medications include, Anaprox DS 550mg trade 100s SIG: PO twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Anaprox DS 550mg trade 100s: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function and no documentation of functional improvement. Therefore the request is not medically necessary.